## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # N0400006200  1. Entity Name TORAH ACADEMY FOR GIRLS-SHAAREI BINA, INC.						04-08-2005	90052 046 **	**61.25
Principal Place of Business  1428 BRICKELL AVE EIGHT FL MIAMI, FL 33131  Malling Address  1428 BRICKELL AVE EIGHT FL MIAMI, FL 33131								
2. Principal P	Place of Business	3. Mailing Address	· . L					
137	NE 19th Street	·			1 12 8111 21 1 1 1	18(4) 8(6() 88()) 88()) 88()	is maill mail <b>s o</b> ffil <b>s</b> frail (	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01192005	Chg-NP	CR2E037.(10	(03)
City & State FL Ci		City & State	ity & State		4. FEI Number	)-12808	01	Applied For Not Applicable
Zip <b>(</b>	Country	Zip	Country		5. Certificate o	of Status Desired	□ \$8.7	5 Additional
2111	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R		
MANASTER, JOSHUA D			N.	Name				
1428 BRICKELL AVE EIGHT FL MIAMI, FL 33131			St	Street Address (P.O. Box Number is Not Acceptable)				
,				ity				Code
The above named entity submits this statement for the purpose of changing its registere				fL   Trans				
the obligat	ions of registered agent.	and policing no	- agiolo: ou o		00 <b>0</b> 00 m, 01 000	, in the state of the	nice. Tam janimai	will, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Age	nt signature required	when reinstating)		DATE	<del></del>
SIGNATURE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2005	9. Election Can Trust Fund C	npaign Finan		\$5.00 May Be Added to Fees		DATE ake check paya ida Department	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Finan Contribution.	icing .	\$5.00 May Be Added to Fees		ake check paya ida Department	of State RS IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Pomper SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

20/2005

305-438-1802

Daytime Phone #